2132

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IN THE US PATENT OFFICE

EXAMINER - Lanier

GROUP - 2132

SN - 09/476262   AMENDMENT

FILED - 1/3/00

BY - Kawanaka

SIRS:

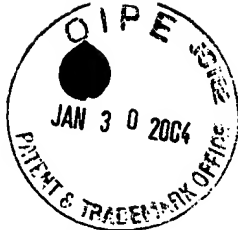Responsive to the OA of 12/10/03, please amend the above as follows:

Claims 1-3, cancel without prejudice

Add claims 4 - 6, appearing in the Appendix Attached hereto.

REMARKS

Claims 4- 6 are in the application, replacing claims 1-3 which were cancelled to expedite prosecution. The new claims were drafted to avoid the Section 102 rejection over Richardson. As presented, it is believed that the new claims are all in condition for allowance and such allowance is respectfully solicited.

Briefly, our invention encompasses a method of preventing undesired duplication of a software which is not intended for a non-licensed apparatus. We do this by having in the softare a blank area, which is filled with a module having a licensed user information, and then the softare having the filled in blank is then executed. On the other hand, for a non-licensed use, there is no filling of the blank so that even though duplicated by another unlicensed apparatus, the softare will not execute properly because of the blank area.

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DOCKET NO. 9815078(915)

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BY - Kawanaka

SIRS:

Document on which fee is calculated:

[ ] Application   [x] Amendment

Entity Status: [x] Non-small entity

[ ] Small Entity; [ ] cert. filed herewith [ ] Cert. filed priorly

FEE CALCULATION

I hereby certify that the correspondence up~ ~~ ~
this notice is placed is being deposited with the U~
Postal Service as first class mail in an envelope
addressed to the Commissioner of Patents Washington,
D.C. 20231 on the date set forth below.
MOONRAY KOJIMA, ATTORNEY

DATE 1/29/04

APPLICATION

Basic Fee				$ _____
Main claims (-3)	_____	X $ _____	=	$ _____
Total Claims (-20)	_____	X $ _____	=	$ _____
Multiple Dep. [ ] Yes [ ] No				$ _____
			TOTAL	$ _____

AMENDMENT

	After Amend.		Highst Prior				
Basic Fee							$ 0
Main claims (-3)	_____	(-)	_____	= _____	X $ _____	=	$ _____
Total Claims (-20)	_____	(-)	_____	= _____	X $ _____	=	$ _____
Multiple Dep. 1st time [ ] Yes [x] No.							$ 0
					DEFICIENCY		$ 0

FEE DUE $ 0 _____   [ ] Enclosed herewith by check

[ ] Charge to DA 11-1500, duplicate attached.

Respectfully,

M. KOJIMA

MOONRAY KOJIMA
BOX 627
WILLIAMSTOWN, MA 01267
Tel (413)458-2880